

# Governor's Commission for a Drug Free Indiana

*A Division of the*



## Comprehensive Community Plan

**County:** Montgomery

**LCC:** Montgomery County A.H.E.A.D Coalition, Inc.

**Date:** March 1, 2006



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**County Commissioners:**

Ed Stephens, Bill McCormick, Phil Bane

**Address:** 110 W. South Boulevard

**City:** Crawfordsville

**Zip Code:** 47933

## **Plan Summary**

**Mission Statement:** The Montgomery County A.H.E.A.D. Coalition, Inc., Advocates Helping to Educate Against Drugs, brings together a cross-section of the community in a countywide effort to reduce youth and adult use and the negative impact of alcohol, tobacco and other drugs (ATOD) through multiple strategies across multiple sectors.

**History:** The Montgomery County A.H.E.A.D. Coalition, Advocates Helping to Educate Against Drugs, has been in existence since 1990 in Montgomery County. Originating as the Local Coordinating Council for the Governor’s Commission for a Drug-Free Indiana, membership in A.H.E.A.D. has grown from a handful of drug prevention educators to an army of over 150 diverse, committed grassroots activists representing every sector of our community. These activists created and now help steer this non-profit corporation toward achieving significant outcomes related to substance abuse prevention, intervention and enforcement.

The Prevention/Education cadre includes teachers, health care and social service providers, recreation directors, judges, parents and youth. Leaders of our local newspaper, radio, marketing, billboard and technology community experts drive the Media/Marketing branch. The Intervention/Treatment outreach services are developed and delivered by mental health providers, assessment specialists, health educators, crisis intervention professionals, clergy, and parent and youth advocates. Representatives of our City and County police departments, local judges and probation officers, as well as citizens who have succeeded in leaving “the system” drive Criminal Justice outreach services. Youth are involved in every facet of Coalition activity. Over 60 different organizations, businesses and groups are represented.

Coalition members meet monthly to help steer the non-profit agency toward building successful partnerships throughout the community. A nine-member executive board elected from the coalition membership provides policy guidance to the administrative staff. A ten-member Advisory Board provides content-area guidance and expertise to the Coalition upon request for administrative and strategic planning. A full-time executive director and a 4-person part-time staff manage day-to-day administrative operations and delivery of services.

Described by local community leaders as “the catalyst for community action”, A.H.E.A.D. continually identifies stakeholders of distinct substance abuse issues, along with traditional and non-traditional key players in community change, invites them to work together to define the problem, identify contributing factors, and create solution paths with ways to measure success. The key players are then sent out to enlist support and put a solution into action. The list below is an ever-expanding list and reflects the diversity of the stakeholders involved in our work. A list of active coalition members listed by sector is attached in Appendix \_\_\_\_.

**Summary of the Comprehensive Community Plan:**

Montgomery County experiences many challenges related to alcohol, tobacco and other drugs. With these challenges, though, come opportunities for all sectors of our community to come together, share information, learn, grow, and mobilize to address and provide solutions to these challenges. To date, our use of the Strategic Prevention Framework, a data-driven process of identifying problems and developing solutions, has allowed us to identify eight specific focus areas for the work of coalition members and partner organizations.

Currently there is an absence of comprehensive action to reduce citizen exposure to environmental tobacco smoke (ETS). Through strategic action, coalition members will educate the community about ETS, use multiple strategies to encourage workplaces and individuals to provide smoke-free air for their patrons and families, and provide assistance to tobacco users who wish to quit using tobacco.

Our community continues to face the disastrous effects of methamphetamine use and production. Through incredible efforts of multiple sectors, the rates of production, use and precursor possession are slowly diminishing. These efforts will continue and become more focused toward educating targeted sectors, implementing safety measures for children and continuing to support law enforcement in their work.

While much is being done with meth prevention because it is very high-profile, we find that citizens are not participating in opportunities to gain community organizing and general ATOD prevention skills they can use in their own families and organizations. Therefore, the Coalition will increase the number of opportunities citizens have to learn about prevention and get involved in creating drug-free environments for themselves and those around them. A specific target audience for building ATOD prevention skills is the youth sector. A primary goal for the Coalition, which is continually being realized to a greater extent, is to provide youth with opportunities to learn leadership, advocacy and peer mentoring skills. Great strides are being made, and will continue to be made in an organized way to provide these skills to our youth.

In addition to getting citizens involved in prevention, we must help change perceptions about ATOD. The Coalition will continue to implement social marketing campaigns and educational programs to increase perceived risk, decrease peer approval, and increase positive adult interaction with youth to reduce risk factors for ATOD use.

“Doing prevention the right way” is always a challenge, but we are fortunate to have the Center for Substance Abuse Prevention’s Model Programs list as a guide to how to most appropriately address the risk factors we’ve identified in our community through data-driven, best-practices programs and strategies. An important part of the Coalition’s role in our community is to continue to increase awareness of and participation in these culturally-sensitive, evidence-based programs.

A great part of our success in reducing the misuse and abuse of ATOD comes from the terrific efforts of our local law enforcement departments. Unfortunately, in the past, law enforcement understaffing and lack of resources has resulted in the reduced ability of our departments to comprehensively address ATOD issues. Through continually-evolving partnerships, the Coalition has been able to mobilize citizens, schools and agencies to work in tandem with law enforcement to create synergy that has begun to show results, and will continue to do so over time.

Finally, it is important for the Coalition to find and assist those who have become trapped by addiction in getting the help they need through both treatment and recovery supports. Currently a large portion of individuals with addictions are not being screened, assessed, identified and referred to receive early intervention mental health treatment needed to prevent substance-use disorders, and those who successfully enter recovery lack the supports needed to stay drug-free. These issues will continue to be addressed through our comprehensive efforts.

## Membership List

County LCC Name: Montgomery County A.H.E.A.D. Coalition, Inc.

Name	Organization	Race	Gender	Category
Donna Astin	Astin & Astin CPA's	Cauc.	F	Business
Bob Bourke	Crown Beverage Packaging USA	Cauc.	M	Business
Don Damrow	PACE Dairy	Cauc.	M	Business
Guy Harris	Principle Driven Consulting	Cauc.	M	Business
David Long	Chamber of Commerce	Cauc.	M	Business
Elaine Pickering	Elaine's On Main	Cauc.	F	Business
Randy Pribble	Publisher, Journal Review	Cauc.	M	Business
Phil Pyrtle	Westland Co-Op	Cauc.	M	Business
Leah Sennett	Nucor Steel	Cauc.	F	Business
Tom Trusty	TruTech Design	Cauc.	M	Business
Tom Warren	Ken's Liquors	Cauc.	M	Business
David Yerkes	Self-Employed Contractor	Cauc.	M	Business
Deanna Durrett	League of Women Voters	Cauc.	F	Civic Org
Sheridan Hadley	Leadership Academy	Cauc.	F	Civic Org
Larry Hathaway	C'ville District Public Library	Cauc.	M	Civic Org
Tamara Hemmerlein	Mont. Co. Cultural Foundation	Cauc.	F	Civic Org
David Johnson	MUFFY	Cauc.	M	Civic Org
Anita Klein	Character Counts!	Cauc.	F	Civic Org
Sandra Harris	AHEAD - VOICE Hub	Cauc.	F	Staff
Vicke Hudson	AHEAD - Drug Free Communities	Af. Amer.	F	Staff
James Painter	AHEAD -- UDP Team	Cauc.	M	Staff
Kelly Trusty	AHEAD - Executive Director	Cauc.	F	Staff
Marty Heinhold	AHEAD UDP Team	Cauc.	F	Business
Susie Hamm	PRIDE -- Fundraising Coordinator	Cauc.	F	Community
Joy Leonard	Crawfordsville Park & Recreation	Cauc.	F	Community
Gary Williams	Community Member	Cauc.	M	Community
Michelle	Community Member	Cauc.	F	Community
Joe Buser	Montgomery Co. Prosecutor	Cauc.	M	Judiciary
Kalay Colley	Montgomery Co. Probation Dept.	Cauc.	F	Judiciary
Peggy Lohorn	Montgomery County Court Judge	Cauc.	F	Judiciary
Tom Milligan	Montgomery Circuit Court Judge	Cauc.	M	Judiciary
Lore Apple	Sommer Elementary	Cauc.	F	Education
Amanda Beehn	Pleasant Hill Elementary (NM)	Cauc.	F	Education
Phyllis Boswell	Crawfordsville School District	Cauc.	F	Education
Anita Brown	PRIDE -- South School Liaison	Cauc.	F	Education
Carol Carrington	Beard/Even Start	Cauc.	F	Education
Ken Cushman	Southmont Schools -- Prev. Coord.	Cauc.	M	Education
Mary Lou Dawald	Pleasant Hill Elementary (NM)	Cauc.	F	Education
Sara Fitzgerald	New Market Elementary (SM)	Cauc.	F	Education
Charity Flores	Tuttle Middle School ©	Cauc.	F	Education
Jeremy Grossman	Northridge Middle School (NM)	Cauc.	M	Education
Jennifer Hessler	Hoover Elementary CVILLE JSN	Cauc.	F	Education
Bonita Hirsch	Hoover Elementary (C)	Cauc.	F	Education
Erika Hurd	PRIDE -- North School Liaison	Cauc.	F	Education
Kathy Keck	Crawfordsville Schools SSHS	Cauc.	F	Education
Lisa Jones	North Montgomery High School	Cauc.	F	Education
Dr. Bret Lewis	Southmont Community School	Cauc.	M	Education

	Corp.			
Laura Long	Laura G. Hose Elementary (C)	Cauc.	F	Education
Jim Luzar	Purdue Cooperative Extension	Cauc.	M	Education
Kim McVay	Montgomery Out of School Suspension	Cauc.	F	Education
Toni McGowen	Crawfordsville Schools SSHS	Cauc.	F	Education
Martha Mills	Ladoga Elementary School (SM)	Cauc.	F	Education
Sherry Mitchell	Tuttle Middle School ©	Cauc.	F	Education
Colleen Moran	North Montgomery School Corp.	Cauc.	F	Education
Nicole Morrison	North Montgomery School Corp.	Cauc.	F	Education
Paul O'Connell	Tuttle Middle School ©	Cauc.	M	Education
Dr. Jean Peterson	Purdue University	Cauc.	F	Education
Mary Scheidler	PRIDE -- School Liaison	Cauc.	F	Education
Lenna Schroll	Ladoga Elementary School (SM)	Cauc.	F	Education
Sharon Sharp	Daystar Christian Academy	Cauc.	F	Education
Dr. Kathleen Steele	Crawfordsville School Corporation	Cauc.	F	Education
Donna Swank	North Montgomery Schools	Cauc.	F	Education
John Tidd	Laura G. Hose Elementary (C)	Cauc.	M	Education
Donna Wilson	Tuttle Middle School ©	Cauc.	F	Education
Nikki Zachery	Northridge Middle School (NM)	Cauc.	F	Education
Michael Jean Bristol	Holy Cross Lutheran Church	Cauc.	M	Faith
Alan Goff	Yountsville Community Church	Cauc.	M	Faith
Fr. Alexis Miller	Holy Transfiguration Ort. Church	Cauc.	M	Faith
Candy Royer	Regional Church of Crawfordsville	Cauc.	F	Faith
Allen Dianne Sparks	Liberty Chapel Church	Cauc.	M	Faith
Lewis Swenke	Elks Club	Cauc.	M	Fraternal
Ron Posthauer	Montgomery Co. Health Dept.	Cauc.	M	Government
Leissa Prasser	Montgomery Co. Health Dept.	Cauc.	F	Government
Charlie Coons	Crawfordsville City Council	Cauc.	M	Government
Charles Fiedler	Crawfordsville City Council	Cauc.	M	Government
Steve Frees	Crawfordsville City Council	Cauc.	M	Government
Andria Geigle	Montgomery Co. Probation	Cauc.	F	Government
Les Hearson	Crawfordsville City Council	Cauc.	M	Government
Cheryl Keim	Crawfordsville Park & Recreation	Cauc.	F	Government
Ed Stephens	Montgomery Co. Commissioner	Cauc.	M	Government
Tim Brown	State Representative	Cauc.	M	Government
Neil Barclay	Crawfordsville Police Dept.	Cauc.	M	Law Enforce.
Harvey Barton	Crawfordsville Police Dept.	Cauc.	M	Law Enforce.
Shawn Catterson	Indiana Excise Police	Cauc.	F	Law Enforce.
Amy Clark	Crawfordsville Police Dept.	Cauc.	F	Law Enforce.
Jim Cody	Indiana State Police	Cauc.	M	Law Enforce.
Jared Colley	Crawfordsville Police Dept.	Cauc.	M	Law Enforce.
Kurt Knecht	Crawfordsville Police Dept.	Cauc.	M	Law Enforce.
Jeff Largent	Crawfordsville Police Dept.	Cauc.	M	Law Enforce.
David Long	Crawfordsville Police Dept.	Cauc.	M	Law Enforce.
Ron Newlin	Montgomery Co. Police Dept.	Cauc.	M	Law Enforce.
AJ Rice	Crawfordsville Police Dept.	Cauc.	M	Law Enforce.
Dennis Rice	Montgomery Co. Police Dept.	Cauc.	M	Law Enforce.
Bob Rivers	Crawfordsville Police Dept	Cauc.	M	Law Enforce.
Jason Spires	Crawfordsville Police Dept.	Cauc.	M	Law Enforce.
Hal Utterback	Crawfordsville Police Dept.	Cauc.	M	Law Enforce.
Michael White	Montgomery Co. Police Dept.	Cauc.	M	Law Enforce.
Lori Greavu	Blue Marketing	Cauc.	F	Media
Sandy Brown	The Paper of Montgomery County	Cauc.	M	Media

Maria Flora	Editor Journal Review	Cauc.	F	Media
Dick Munroe	WIMC/WCVL	Cauc.	M	Media
Ellen Ball	St. Clare Medical Center	Cauc.	F	Medical
Dr. Michael Blood	Crawfordsville Family Care	Cauc.	M	Medical
Robin	St. Clare Neighborhood Clinic	Cauc.	F	Medical
Dr. Scott Douglas	Crawfordsville Family Care	Cauc.	M	Medical
Dr. Godero	St. Clare Workwell	Cauc.	M	Medical
Mandy Johnson	CVS Pharmacy – Pharmacist	Cauc.	F	Medical
Nancy Saylor	St. Clare Medical Center	Cauc.	F	Medical
Michael Scheidler, OD	Sugar Creek Eyecare P.C.	Cauc.	M	Medical
Nancy Sennett	St. Clare Medical Center	Cauc.	F	Medical
Heather Shirk	St. Clare Medical Center	Cauc.	F	Medical
Carolyn Snyder	Christian Nursing Service	Cauc.	F	Medical
Dr. Tim Tanselle	Greenacres Medical Group	Cauc.	M	Medical
Dr. John Walker, DDS	Walker Dentistry	Cauc.	M	Medical
Clay Adams	Parent	Cauc.	M	Parent
C.J. Adams	Parent	Cauc.	M	Parent
Tammy Crawford	Parent	Cauc.	F	Parent
Linda Damrow	Neighbors Against Drugs	Cauc.	F	Parent
Gregg Dees	Parent	Cauc.	M	Parent
Janet Dixon	Parent	Cauc.	F	Parent
Cheryl Haulk	PRIDE -- Drug Education	Cauc.	F	Parent
Jill Knowling	Parent – NMHS	Cauc.	F	Parent
Lisa Lieske	Parent	Cauc.	F	Parent
Nola Melvin	Parent	Cauc.	F	Parent
Michael Randall	First Church of God Youth Pastor	Cauc.	M	Parent
Stacy Sommer	Parent	Cauc.	F	Parent
Patrick Taylor	Parent	Cauc.	M	Parent
Mark Ward-Bopp	Hillsboro Church of the Nazarene	Cauc.	M	Parent
Pam Brown	American Cancer Society	Cauc.	F	Social Service
Anita Byers	Family Crisis Shelter	Cauc.	F	Social Service
Debi Crocker	Women's Resource Center	Cauc.	F	Social Service
Susan Mallott	Cornerstone Family Center	Cauc.	F	Social Service
Carol Ruse-Kiger	Home Team Advantage	Cauc.	F.	Social Service
Amy Walls	Division of Child Services	Cauc.	F	Social Service
Patti Harvey	Women's Resource Center	Cauc.	F	Social Service
Dale Crowder	Wabash Valley Mental Health	Cauc.	M	Treatment
Richard Elghammer	Elghammer Family Center	Cauc.	M	Treatment
Donna Kraft	Trinity Mission	Cauc.	F	Treatment
Zoe Krause	Valle Vista	Cauc.	F	Treatment
Kathy Ramirez	HOPE Counseling	Cauc.	F	Treatment
David Meadows	Cummins Behavioral Health	Cauc.	M	Treatment
Paula Morton	Home Team Advantage	Cauc.	F	Treatment
Marilyn Ritchardson	Rainbow Recovery Associates	Cauc.	F	Treatment
Dan Taylor	Trinity Mission	Cauc.	M	Treatment
Shelby Bell	VOICE -- CHS	Cauc.	F	Youth
Lauren Cabell	VOICE -- North Montgomery	Cauc.	F	Youth
David Damrow	Neighbors Against Drugs	Cauc.	M	Youth
Janelle Dickson	PRIDE Youth Advisory - South	Cauc.	F	Youth
Katie Green	PRIDE Youth Advisory - CHS	Cauc.	F	Youth
Natalie Hathaway	VOICE -- CHS	Cauc.	F	Youth
Jess Meyer	AHEAD Board of Directors	Cauc.	F	Youth
Nick Miller	PRIDE Youth Advisory -- North	Cauc.	M	Youth



Spencer Stevens	PRIDE Youth Advisory -- South	Cauc.	M	Youth
Juan Carlos Venis	VOICE -- Wabash College	Hisp.	M	Youth
Matt Winchester	VOICE -- Purdue University	Cauc.	M	Youth
Anastasia Yesnik	PRIDE Youth Advisory/VOICE	Cauc.	F	Youth
Jeigh Hockersmith	Boys & Girls Club	Cauc.	F	Youth Serving
Fawn Johnson	Crawfordsville Park & Recreation	Cauc.	F	Youth Serving
Deborah Kochert	Dance By Deborah	Cauc.	F	Youth Serving
Sherry Legg-Young	Montgomery County 4-H, Inc.	Cauc.	F	Youth Serving
Micah Padgett	Youth Service Bureau	Cauc.	F	Youth Serving
Craig Reeves	Boys&Girls Club	Cauc.	M	Youth Serving
Tom Ward	C'ville School of Karate	Cauc.	M	Youth Serving

## Problem Identification

**Problem Statement #1:** Absence of comprehensive policies to reduce exposure to environmental tobacco smoke.

### Supportive Data:

- 28.3% of pregnant women in Montgomery County smoke, compared to 19.1% of Hoosiers (IN Dept. of Health, 2002).
- 20.7% of 10th graders in Montgomery County report smoking in the past 30 days (IPRC, 2004)
- More than 30% of Hoosier children aged 0-14 are exposed to secondhand smoke in their homes. Indiana spends \$8.9 million to treat children for 11,022 asthma cases linked to exposure to secondhand smoke. (Secondhand Smoke Tearing Families Apart. The American Legacy Foundation. June 2004.)
- Two of our three school corporations have smoke-free policies that go beyond “no smoking on school grounds”, but none of the three corporations enforce the policy beyond no smoking in the school buildings.
- Current tobacco control ordinances only limit tobacco use or smoking behaviors in and around government properties.
- Hoosier adults who confirmed seeing an advertisement from ITPC's media campaign were 56% more likely to agree that secondhand smoke is a serious problem and that indoor workplaces should be smoke free. (ITPC media tracking surveys, 2002-2004.)
- If one parent quits smoking before their child is 8 or 9 years old, their child's odds of being a regular smoker decreases by 25 percent. If both parents quit, the odds go down to 40 percent. ( Fred Hutchinson Cancer Research Center, Addiction Journal)
- During the first six months following passage of a smoke free ordinance for bars and restaurants in Helena, MT, area hospitals noticed a 40% drop in admissions for heart attacks among people who live or work in the city. (Sargent, R. Shephard, R. Glantz, S. "Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study." British Medical Journal, 04/05/2004, [www.bmj.com](http://www.bmj.com)).
- 30.36% of Montgomery County adults smoked in the last 12 months, compared to 29.31% of Hoosiers (2003 MRI Report).
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**Year 1 Update:**

- 26.2% of pregnant women in Montgomery County smoke, compared to 18.5% of Hoosiers (IN Dept. of Health Natality Report 2003)
- 23.6% of 10th graders in Montgomery County report smoking in the past 30 days (IPRC, 2005)
- 33.8% of West Central Indiana adults smoked in the last 12 months, compared to 24.9% of Hoosiers (2004 Behavioral Risk Factor Surveillance Survey, 2004 Indiana Adult Tobacco Survey -- Original survey data for comparison not available. Indiana Smoking behavior declined from 27.7%, Montgomery County as part of West Central cannot be extrapolated. Montgomery County 2002 rate was 30.36%)
- More than 40% of Hoosier Children are exposed to secondhand smoke in their homes, according to 2002 Indiana Youth Tobacco Survey, while 2004 American Legacy Foundation data reports that more than 30% of Hoosier children are exposed to secondhand smoke.

**Year 2 Update:**

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**Final Update:**

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### ***Substance Use Prevalence Data***

#### ***Incidence of CIGARETTE Use within the last month***

	<b>2004%</b>	<b>2005%</b>	<b>Cumulative Change</b>
6th Grade	4.1%	3.3%	-0.8 % point decrease from 2004
8th Grade	7.6%	9.8%	2.2 % point increase from 2004
10th Grade	20.5%	23.6%	3.1 % point increase from 2004

#### ***Incidence of BINGE DRINKING within the last 2 weeks***

6th Grade	3.0%	3.6%	0.6 % point increase from 2004
8th Grade	6.8%	5.1%	-1.6 % point decrease from 2004
10th Grade	15.7%	17.1%	1.4 % point increase from 2004

#### ***Incidence of ALCOHOL use within the last month***

6th Grade	4.8%	6.0%	1.2 % point increase from 2004
8th Grade	9.3%	13.1%	3.8 % point increase from 2004
10th Grade	26.1%	25.4%	-0.7 % point decrease from 2004

#### ***Incidence of MARIJUANA Use within the last month***

6th Grade	1.1%	0.7%	-0.4 % point decrease from 2004
8th Grade	4.9%	2.7%	2.2 % point increase from 2004
10th Grade	15.0%	15.1%	0.1 % point increase from 2004

#### ***Incidence of RITALIN Use within the last month***

6th Grade	0.4%	0.2%	-0.2 % point decrease from 2004
8th Grade	0.7%	0.8%	0.1 % point increase from 2004
10th Grade	1.9%	2.3%	0.4 % point increase from 2004

#### ***Incidence of STIMULANT Use within the last month***

6th Grade	0.2%	0.2%	0.0 No change
8th Grade	0.9%	2.1%	1.2 % point increase from 2004
10th Grade	7.2%	4.0%	-3.2 % point decrease from 2004

#### ***Incidence of INHALANT Use within the last month***

6th Grade	3.1%	1.7%	-1.4 % point decrease from 2004
8th Grade	3.5%	3.6%	0.1 % point increase from 2004
10th Grade	4.8%	4.3%	-0.5 % point decrease from 2004

#### ***Incidence of METHAMPHETAMINE Use within the last month***

6th Grade	0.2%	No prior data
8th Grade	1.4%	No prior data
10th Grade	2.1%	No prior data

#### ***Incidence of PSYCHEDELICS Use within the last month***

6th Grade	0.2%	0.7%	0.5 % point increase from 2004
8th Grade	1.3%	8.6%	7.3 % point increase from 2004
10th Grade	3.5%	4.0%	1.0 % point increase from 2004

**Objectives:**

- Strategic Planning Committee will continue to Collaborate with partner agencies, including City Council to implement an advocacy and social marketing campaign that will increase public support of and compliance with a comprehensive City tobacco-free workplace ordinance that includes restaurants, bars and no exemptions
- Coalition will continue to collaborate with 4-H, hospital and health department to implement the second annual Smoke-Free 4-H Fair, encouraging Fair Board to create "Tobacco-Free" Fair and implement educational outreach to Club Sponsors and Junior Leaders Community norms will change to support reduction of harm caused by secondhand smoke
- Coalition will market youth and adult smoking cessation programs to all workplaces and restaurants.
- Coalition will begin to collaborate with partner agencies, including County Commissioners to implement a social marketing campaign that will increase public support of and compliance with a comprehensive County tobacco-free workplace ordinance that includes restaurants, bars and no exemptions
- Coalition will begin to empower youth and parents with skills and tools that will enable them to successfully advocate for comprehensively specified and enforced smokefree policies in all three school corporations that includes grounds and extracurricular events

**Year 1 Update:**

- Coalition community mobilization efforts, which included the creation of a stakeholder task force, monthly meetings, poster, media, letter-writing and phone campaign resulted in a City Council-passed smokefree ordinance that was vetoed by the Mayor.
- 4-H achieved first total Smoke-Free Fair in 2005 through collaboration efforts with Coalition, Health Department and St. Clare Medical Center which included t-shirt blitz, poster contest, advertising and public information booth during the fair.
- Coalition promoted Smokestoppers monthly cessation program through workplace listserv, media coverage and coalition membership flier blitz, resulting in participation by 84 individuals. Coalition promoted TAP/TEG youth tobacco program through school administrators, resulting in participation by 54 youth.
- Through education programs with school administrations, two of the three school corporations have begun to investigate implementation and enforcement of comprehensive smokefree policies on school grounds

**Year 2 Update:**

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**Final Update:**

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**Goals:**

- Comprehensive clean air policies for Crawfordsville, Montgomery County and all three school corporations will increase the percentage of schools with policies prohibiting tobacco products on their premises.
- Comprehensive City and County tobacco-free workplace ordinances will increase the percentage of individuals who work in a smoke-free environment, increase the percentage of restaurants that are totally smoke-free and ultimately decrease the number of Montgomery County residents who smoke.
- Use of tobacco by youth and, over time, by adults will decrease by 5% annually.

**Year 1 Annual Benchmarks:**

- Existence of comprehensive clean air policies for Crawfordsville, Montgomery County and all three school corporations has not changed during this project period.
- Existence of comprehensive tobacco-free workplace ordinances has not changed, although the number of smokefree restaurants has increased by 6 the number of smokefree industries has increased by 2, and the number of smokefree colleges has increased by 1.
- Use of tobacco by youth has increased by 2.9%, from 20.7% to 23.6%
- Use of tobacco by adults cannot be accurately measured because of a change in data collection methods and reporting by Indiana Tobacco Prevention & Cessation Agency.

**Year 2 Annual Benchmarks:**

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**Final Report:**

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**Problem Statement #2:** The incidence of methamphetamine use and production by adults has increased exponentially over the past 12 months.

**Supportive Data:**

- Montgomery County Police Department 2004 annual offense reports: dealing methamphetamine has increased 42%; manufacturing methamphetamine has increased 88%; possession of precursors has increased 69%
- The number of front-page news articles in the Journal Review related to methamphetamine activity has increased from 15 during calendar year 2003 to 33 in the first 5 months of 2005
- Cummins Behavioral Health Centers, Inc. reports a 100% increase in clients receiving substance abuse treatment interventions for methamphetamine use/abuse from 25% of clients in 2003 to 50% of clients in 2004.
- Documented methamphetamine manufacture and use is taking place in the highest concentration in the northwest quadrant of the city of Crawfordsville (4 arrests in 3-block area), four blocks from Nicholson Elementary, the southeast quadrant of the city, 6 blocks from Hoover Elementary (3 arrests in 6-block area), the southeast quadrant of the county (4 arrests), and the northwest area of the county (3 arrests)
- There is currently no governmental control of methamphetamine precursors, although businesses are cooperating with law enforcement to report suspicious purchasing activity.
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**Year 1 Update:**

- Montgomery County Police Department 2005 annual offense reports: dealing methamphetamine has decreased 14% from 2004 ; manufacturing methamphetamine has decreased 43% from 2004; possession of precursors has decreased 62% from 2004; possession of precursors with intent to manufacture has increased 400% from 2004.
- Number of news stories in Journal Review related to methamphetamine activity has increased from 56 in 2004 to 66 in 2005.
- In 2005, 70 to 75% of all child removals from the home are because of drug use, compared to 27% in 2001. In April of 2005, 114 reports of abuse or neglect, 132 children affected, 85 were related to drug abuse. Of 75 current wards of the state, 60-65% are children of meth users, information from Montgomery County Division of Children's Services.

**Year 2 Update:**

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**Final Update:**

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**Objectives:**

- Coalition will work with ISP, Montgomery County Police and Crawfordsville Police Department to provide training and materials for statewide Meth Watch program to all retailers in the county. CHANGED FROM: Work with County government to implement an ordinance that requires a permit for the sale of pseudophedrine, prohibits purchase of more than two packages of pseudophedrine in a 7-day period, log photo ID information of customers and provide a monthly log of purchases to the prosecutor's office, using the Vigo County model and SYNAR recommendation.
- Coalition will implement a multiple-sector education campaign aimed at informing community members about the physical, social and environmental dangers of methamphetamine use and manufacture. CHANGED FROM: Coalition will implement a social marketing campaign focusing on risk of use of methamphetamine, targeting young adults in industry and social service organizations. AND Implement a safety education program related to health and environmental risks of meth-lab by-products, specifically targeting Ladoga, Waveland, Pleasant Hill, Walnut, Hoover and Nicholson school neighborhoods.
- Coalition will implement Neighbors Against Drugs community mobilization program, targeting 6 neighborhoods each year for education and law enforcement/community partnerships. CHANGED FROM: Provide Neighbors Against Drugs trainings to neighborhood groups so they can learn how to log and report suspicious behavior related to methamphetamine production and trafficking, as well as take organized action to inform the neighborhood and landowners of suspected activity and provide treatment information when appropriate.
- Coalition will create a "white paper on meth treatment" that explains the signs of methamphetamine abuse, availability and process of meth treatment and disseminate to all social service agencies, workplaces and schools.
- NEW: Coalition will facilitate the creation of a community-wide protocol for providing protection from injury related to methamphetamine for all drug-endangered children.
- NEW: Coalition will identify appropriate treatment providers, encourage use of the MATRIX Treatment model for Methamphetamine Addiction and disseminate information to the community.
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**Year 1 Update:**

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- Coalition convenes a Meth Prevention Action Team bi-weekly to use the Strategic Prevention Framework to identify needs, gaps, assess and build capacity, plan, implement and evaluate programs and strategies related to Meth Prevention. MPAT and its projects have been featured 11 times in local media in 2005.
- Coalition has co-hosted a Meth Watch Retailer Education Program with the MONTgomery County Police Department for businesses selling precursors, 89 were invited. Meth Watch kits have been distributed to 20 retailers, follow-up letters to businesses are being sent in 2006
- Coalition hosted the first-ever Community Learning Day on October 25<sup>th</sup> that presented 5 workshops related to Methamphetamine and general substance abuse issues. Workshops included Meth and Prescription Drug Trends, presented by Dennis Wischern, US DEA, Neighbors Against Drugs, presented by Linda Damrow, MATRIX Treatment Model, presented by IN-DMHA Director John Viernes, Drug Endangered Children, presented by Susan Mallott, Toni McGowen and Steve Vaughn, IN DCS, Meth in our Midst presented by CPD Officer A.J. Rice.
- Coalition developed a Meth in Your Neighborhood presentation that has been delivered in cooperation with Crawfordsville Police Department to 23 different groups, over 1500 individuals from schools, churches, social service organizations, law enforcement and business.
- Coalition developed an Anhydrous Ammonia Security presentation, materials and campaign in collaboration with Westland Co-op that was presented to 150 members of the agricultural community.
- Coalition partnered with League of Women Voters to present Meth in our Midst town meeting to 120 community members.
- Coalition has provided Neighbors Against Drugs 2-day training to 18 community members; NAD group has presented its structure to all town boards in the county and 4 community groups in the county.
- Coalition implemented a Neighbors Against Drugs/Meth Prevention Billboard Campaign that reached the entire county with 8 boards over a 5 month period.
- Coalition created a Meth in our Midst brochure that highlights signs of meth use and manufacture, of which 2000 have been disseminated to community groups.
- Coalition created a Drug Endangered Children subcommittee that is working with DCS and schools to establish DEC protocols, a brochure for caregivers is created and will be disseminated in 2006.

**Year 2 Update:**

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**Final Update:**

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**Goals:**

- By December 2006, 20% reduction in precursor arrests and manufacture arrests
- Use of methamphetamine by adults will decrease by 5% annually as reported by mental health treatment provider statistics
- Use of methamphetamine by youth will be prevented, as measured by the absence of reported use on IPRC Use Prevalence Survey.

**Year 1 Annual Benchmarks:**

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- Methamphetamine manufacture has been reduced by 43% (target was 20% reduction by 12/06)
- Methamphetamine dealing has been reduced by 14%
- Methamphetamine possession of precursors has been reduced by 62% (target was 20% reduction by 12/06).
- Baseline benchmark for youth methamphetamine use was established by IPRC 2005 survey results:  
Incidence of METHAMPHETAMINE Use within the last month (2005)
 

• 6th Grade	0.2%	No prior data
• 8th Grade	1.4%	No prior data
• 10th Grade	2.1%	No prior data

**Year 2 Annual Benchmarks:**

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**Final Report:**

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**Problem Statement #3:** Citizens are not participating in opportunities to gain community organizing and ATOD prevention skills

**Supportive Data:**

- No faith-based organizations are educating congregations in a systematic way about substance abuse prevention
- No educational programs currently exist to educate neighborhood groups or parent groups about substance abuse and their role in prevention, intervention and criminal justice.
- Few school personnel are being formally educated about substance use indicators, problem identification and referral, effective prevention strategies
- 15 requests for information, 200 website hits and 300 calls to Info to Go last year.
- Two speakers' Bureau presentations were made last year, although community survey responses from an informal survey repeatedly showed that parents and community need more education.
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**Year 1 Update:**

- Three educational programs exist to educate neighborhood groups and parent groups: Neighbors Against Drugs, Drug Endangered Children and Parents Educating Parents.
- Drug Prevention Collaborative Workdays involving school personnel learning about ATOD issues have taken place quarterly, with average attendance of 25..
- Website counter currently is not working, and Info to Go is not working due to technology problems, but both will be back online this year. We receive at least 2 calls per week for information, so approximately 100 requests are made for information to Coalition staff.
- Over twenty Speakers' Bureau presentations were made this year.

**Year 2 Update:**

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**Final Update:**

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**Objectives:**

- Coalition will develop and implement an educational strategic plan for employees, coalition members, volunteers and community members to improve competencies that begins with a member skills inventory, resource inventory, and includes the components Teach, Train, Coach and Support
- Establish, communicate and model how the mission, vision, goals and structure of the coalition align with, are served by, and serve a diverse membership and inclusive practices

- Increase reach and scope of monthly newsletter and email alerts by 10% each year to include specific ATOD topics, trainings, funding opportunities and social marketing campaigns
- Expand media reach and scope by 100% in 2005 by adding an additional news source to outreach.
- Expand the scope of the AHEAD Resource Library to include additional visual aids for use by schools and an online order form for substance abuse and prevention resources.
- Create community education program called Lunch & Learn that will introduce ATOD topics at workplaces around the country and provide opportunities for stakeholder groups to engage in Coalition's mission.
- Implement SAMHSA-endorsed Faith-Based Prevention Model to recruit, train and mobilize faith organizations to be involved in addressing ATOD addiction and recovery in their congregations.
- Implement Parents Educating Parents to train parent groups in communication and intervention related to youth ATOD use.
- Implement Neighbors Against Drugs to train neighborhood groups to be involved in decreasing ATOD activity in their neighborhood and increasing community activities.
- Continue implementation and development of quarterly Drug Prevention Collaborative Workgroup to train school personnel and community youth-serving organizations in performing accurate needs assessments and identifying evidence-based programs and strategies to increase protective factors and decrease risk factors in their target populations using the Strategic Prevention Framework.
- Continue to facilitate countywide observance of Red Ribbon Week, reaching every sector of the population with at least one prevention message (AHEAD Mini-Grant).
- Provide training and technical assistance to 10 organizations annually on the Strategic Prevention Framework so that they are utilizing a data-driven model for prevention, intervention and enforcement of ATOD issues.
- Formalize agreements between the Coalition and its member organizations through the use of Memoranda of Understanding that will specifically define the roles and responsibilities of stakeholder organizations and groups in the comprehensive community plan.

**Year 1 Update:**

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- Teach/Train/Coach/Support program has been started, skills inventory has been implemented with Board and Active Coalition Members.
- Diversity and inclusion have not been addressed this year.
- Reach of monthly newsletter has increased from 350 to 432, a 23% increase. Email alerts have increased in reach, adding 38 new industries to 25 member parents@work monthly email, a 152% increase
- Media reach and scope increased by over 100%, as weekly columns are provided in both Journal Review and The Paper, as well as 3 appearances on TV 18 news.
- Resource Library -- 15 new videos have been acquired, no action has been taken on online order form.
- Lunch & Learn provided 10 learning opportunities in 2005 for Probation, schools and youth-serving organizations.
- Faith Based Prevention Model is struggling -- we cannot find a task force chair to initiate this project.
- Parents Educating Parents presented at Boys & Girls Club
- Neighbors Against Drugs infrastructure is built, training has taken place for mentors in neighborhoods.
- Drug Prevention Collaborative Workdays have taken place quarterly, with average attendance of 25.
- Red Ribbon Week 2005 reached 85% of population and 100% of elementary schools with media coverage, social marketing messages, t-shirt blitz, red ribbon insert and poster blitz.
- Nine organizations attended SPF training as part of the mini-grant process this year.
- Three MOU's were established in 2005.

**Year 2 Update:**

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**Final Update:**

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**Goals:**

- The coalition will institutionalize an education strategic plan for community ATOD education by December, 2006
- The coalition will increase the reach of e-dissemination by 25%, from 250 recipients to 312, of monthly newsletters and email alerts.

- The coalition will provide 6 Lunch & Learn presentations at area restaurants and schools by December 2006.
- The coalition will provide 3 Parents Educating Parents trainings by December 2006.
- The Coalition will enlist 60% average representation by area schools at Drug Prevention Collaborative Workgroups, an increase from 40%
- The coalition will provide training to 2 Neighbors Against Drugs workgroups by December 2006.
- Participation in Coalition work by senior citizens, members of the Hispanic community (1), MD's (4), marketing(1), statistics (0) technology (0), industry (29, 4 active) and local (9, 5 active) government will increase as measured with coalition membership database.
- Increased mobilization of community stakeholder groups in community organizing and ATOD prevention skills as evidenced by the number of action plans created by stakeholder groups each calendar year. Baseline -- 0
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**Year 1 Annual Benchmarks:**

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- E-dissemination goal has been reached.
- Lunch and Learn presentations have exceeded goal of 6 – we did 10.
- Parents Educating Parents reached 33% of goal with 1 presentation.
- Representation by 50% of school buildings at Drug Prevention Collaborative Workgroup meetings.
- One Neighbors Against Drugs training has been held, reaching 18 individuals, and one neighborhood has been trained.
- Coalition has increased participation by Medical Professionals, including Pharmacists (+2), Industry (+7) Local Government (+3), statistics (+1), Technology (+1).
- Mobilization of community stakeholder groups has increased through the creation of three new task forces: Meth Prevention Action Team, Prescription Drug Abuse Prevention Task Force and Recovery Community Initiative.
- Baseline measurement of community norms is currently in process through a Key Stakeholder Interview process, which will take place every three years.

**Year 2 Annual Benchmarks:**

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**Final Report:**

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**Problem Statement #4:** Law Enforcement understaffing and lack of resources has resulted in the reduced ability of our departments to comprehensively address ATOD issues.

**Supportive Data:**

- Crawfordsville has been understaffed for the past 4 years.
- Montgomery County Police Department has been understaffed intermittently for several years.
- Indiana State Police have only 1 officer position assigned to our community
- Police Chief and Assistant Chief have publicly requested that community members assist in efforts by becoming "eyes and ears" for the department.
- Officers are present in schools primarily for DARE, K-9 searches and enforcement.
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**Year 1 Update:**

- Crawfordsville Police Department is currently staffed adequately.
- Montgomery County Police Department is currently understaffed, with 3 road officers on duty at any time for the entire county.
- Indiana State Police currently have 1 officer assigned and 1 officer living and working part-time in Montgomery County.
- There are currently no officers at any level specifically and solely assigned to address drug issues.
- Currently personnel from the three departments cannot communicate in real time with each other during active enforcement because of technology differences.
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**Year 2 Update:**

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**Final Update:**

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**Objectives:**

- The coalition will arrange and/or facilitate training such as grantwriting, Strategic Prevention Framework, Responsible Server Training, Many Voices for law enforcement that will allow them to maximize time and resources while staying focused on ATOD issues.



- The coalition will provide the opportunity for police departments to secure resources, such as enforcement equipment, K-9 support, as part of their comprehensive drug prevention efforts.
- The coalition will collaborate with schools and law enforcement to expand the presence of officers in schools by supporting DARE and assisting with the securing of funding for School Resource Officers.
- The coalition will assist in compliance operations by recruiting adult and/or youth volunteers to participate in alcohol, tobacco, and potentially pseudoephedrine retail compliance checks.
- The coalition will reinforce the importance of early intervention & consequences by nurturing the law enforcement/criminal justice/community network through the maintenance of the Tobacco Ticketing & Deferral and similar programs.
- The coalition will provide the opportunity for citizen groups to gain skills in observation and activity logging so that they may gather legitimate data to share with law enforcement about suspected drug activity through the Neighbors Against Drugs and the informal UMA frameworks.

**Year 1 Update:**

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- Crawfordsville Police Department hosted and keynoted 2005 Annual Meeting, representatives from all three departments have attended at least 50% of Coalition meetings.
- Officers are in the schools at a higher percentage of time additionally as School Resource Officers 1 day per week at high schools and middle schools through Safe Schools/Healthy Students Initiative
- Three police officers attended grantwriting and Strategic Prevention Framework training, nine attended Responsible Server Training, two attended Neighbors Against Drugs Training.
- Police departments to secured resources for continued support of K-9 officer, laser enforcement equipment, Spanish immersion school and DARE during 2005 as part of their comprehensive drug prevention efforts
- 20 Adult and youth volunteers participated with law enforcement in Sticker Shock social marketing campaign.
- Two officers consistently participate in Tobacco Ticketing initiative with AHEAD Coalition and Montgomery County Court.
- One officer has made 18 drug prevention (Meth) presentations to community groups during 2005.
- Three Crawfordsville Police Department officers and one Montgomery County Police Department officer have been assigned to collaborate with drug prevention initiatives in underage alcohol use prevention, Meth Prevention Action Team and Neighbors Against Drugs as community resource officers.

**Year 2 Update:**

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**Final Update:**

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**Goals:**

- Law enforcement agencies will increase their presence as community resources by increasing the frequency of public education and interface as measured by the presence of SRO's (0) and community presentations (4).
- Law enforcement agencies will increase their capacity to comprehensively address ATOD issues as evidenced by first an increase, then decrease of ATOD offenses over the next 3 years.
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**Year 1 Annual Benchmarks:**

- Montgomery County adult arrests for ATOD issues have decreased by 10%, from 1023 to 917 in 2005.
- Montgomery County youth probation referrals for ATOD issues have decreased by 5% in 2005.
- SRO's are present in middle and high schools one day per week.
- 21 Community presentations have been made by law enforcement personnel, including Meth prevention, alcohol prevention and drug awareness

**Year 2 Annual Benchmarks:**

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**Final Report:**

**2003-2005 Adult ATOD Arrest Data  
from Montgomery County Police Department**

	2003	2004	2005	Increase/ decrease from 2004
Consuming while operating a vehicle	1	0	1	1
Dealing cocaine / narcotic / methamphetamine	4	7	6	-1
Dealing marijuana / hashish	5	8	7	-1
Dealing schedule I, II, III controlled substance	0	3	0	-3
Dealing schedule IV controlled substance	1	4	3	-1
Furnishing alcohol to minors	4	2	3	1
Illegal consumption / possession of alcohol	77	83	38	-45
Manufacture methamphetamine	2	16	9	-7
Manufacture paraphernalia	1	1	0	-1
Open container violation	6	1	5	4
Operating with a controlled substance in the body causing death	1	0	0	0
Operating with a controlled substance in the body	35	45	33	-12
OWI - class C misdemeanor	127	71	46	-25
OWI - .08% or more - class C misdemeanor	122	77	43	-34
OWI - .15% or more - class A misdemeanor	86	75	86	11
OWI - felony - previous conviction	30	32	13	-19
OWI - causing serious bodily injury	1	0	0	0
OWI - refusal of test	38	44	27	-15
OWI - endangerment	83	113	140	27
Possession of paraphernalia	98	103	113	10
Possession of precursors with intent to manufacture	0	0	4	4
Possession of precursors	5	16	6	-10
Possession of cocaine / narcotic	14	21	33	12
Possession of syringes / needles	5	12	0	-12
Possession of a controlled substance	19	37	53	16
Possession of a legend drug	2	9	5	-4
Possession of marijuana	112	127	129	2
Prescription fraud	0	1	0	-1
Public intoxication	95	114	114	0
Representing a substance as a controlled substance	1	1	0	-1
<b>Total</b>	<b>975</b>	<b>1023</b>	<b>917</b>	<b>-104</b>

**Problem Statement #5:** Community norms must be changed to increase perceived risk of substance use, decrease perceived peer approval, and adults become proactive in fostering positive bonds with youth.

**Supportive Data:**

- After a significant increase in age over the past several years, the average age of first use of selected substances is decreasing (a negative trend)
- Perceived disapproval of Use by Peers of Selected Substances (IPRC 2001-2005) continues to steadily increase, and we must continue this trend.
  - Perceived Disapproval Cigarettes increased 1% point 2003-2005
  - Perceived Disapproval Marijuana use increased 10% points 2003-2005
  - Perceived Disapproval Occasional alcohol use increased 1% pt. 2003-2005
  - Perceived Disapproval Binge Drinking increased 8% points 2003-2005
- Perceived Risk of Harm by Use of Selected Substances (IPRC 2001-2005) is decreasing in some areas:
  - Regular use of Marijuana decreased by 12% points 2003-2005
  - Use of 1+ Pkg Cigarettes Daily decreased 11% points 2003-2005
  - Occasional use of alcohol decreased 39% points 2003-2005
  - Weekly Binge Drinking decreased 14% points 2003-2005
- Parental involvement in problem behavior significantly contribute to the decrease in age of first use and children's perceived approval and perceived risk of substance use. As indicated in the Montgomery County Drug and Alcohol Offenses chart related to Problem 4 in Appendix, parents are using, and their children are learning that use is acceptable.
- Parental attitudes significantly to community norms, especially when it comes to choices they make about supervising their children. Although it is increasing, we are finding in our community that parents are not spending nearly as much time as is recommended by the Center for Addiction and Substance Abuse at Columbia University (CASA) and the Indiana Division of Mental Health and Addiction, 3 times per week. Unsupervised youth are at a higher risk of substance abuse
- Anecdotal evidence from our community, both in comment and as printed in our newspaper letters to the editor, the perception that there is "nothing for our kids to do", although there are over 45 supervised youth programs available.

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**Year 1 Update:**

- No data available for change in average age of first use.
- Perceived Disapproval of Use by Peers of Selected Substances:

	2001	2003	2005	Cumulative Difference 01-05	
Use 1+ Pkg Cigarettes Daily	67%	65%	66%	1%	Higher perceived disapproval by peers
Regular Marijuana Use	71%	65%	75%	4%	Higher perceived disapproval by peers
Occasional use of alcohol	48%	51%	52%	4%	Higher perceived disapproval by peers
Weekly Binge Drinking	64%	61%	69%	5%	Higher perceived disapproval by peers

- **Perceived Risk of Harm by use of Selected Substances**

*Perceived Risk of Harm by use of Selected Substances*

	2001	2003	2005	Cumulative Difference 01-05	
Regular Marijuana Use	81%	93%	81%	0%	No net change in perceived risk
Use 1+ Pkg Cigarettes Daily	77%	95%	84%	7%	Higher perceived risk of using
Occasional use of alcohol	49%	72%	33%	-16%	Higher perceived risk of using
Weekly Binge Drinking	77%	91%	77%	0%	No net change in perceived risk

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**Year 2 Update:**

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YOUTH CRIMINAL AND STATUS OFFENSES , 2001-2005 CALENDAR YEAR															
Offense	2001	2002	2003	2004	2005	2001%		2002%		2003%		2004%		2005%	
PROPERTY						PROPERTY	PROPERTY	PROPERTY	PROPERTY	PROPERTY	PROPERTY	PROPERTY	PROPERTY	PROPERTY	
Arson					2	130	29%	154	32%	143	30%	139	33%	116	25%
Auto Theft	2	8	3	0	0										
Burglary	9	7	9	11	10										
Criminal Conversion	1	5	16	10	3										
Forgery	1	1	0		1										
Poss./Rec Stolen Prope	1	2	1	8	1										
Theft	54	77	52	44	50										
Residential Entry/Theft	2	2	0	3	2										
Criminal Mischief	43	36	39	42	34										
Operating w/o license	5	6	8	16	7										
Trespassing	12	10	9	4	2										
Escape			1	1	3										
Robbery			4		0										
Assisting in Robbery			1		0										
Poss/Man destr. Dev.					1										
PERSONS						PERSONS	PERSONS	PERSONS	PERSONS	PERSONS	PERSONS	PERSONS	PERSONS	PERSONS	
Bomb Threat/Explosives	1	4	0		0	106	24%	104	22%	86	18%	67	16%	98	21%
Battery	58	60	55	48	69										
Check Deception	4	3	0		0										
Confinement	0				1										
Disorderly Conduct	5	5	0	6	0										
Crim. Reck. w/Weapon	1	1	1		0										
Harrassment	1	1	3		3										
Intimidation	16	4	4	2	3										
Protective Order Violatio	2	0	0												
Child Molesting	1	3	2	1	2										
False Informing	1	1	4	4	8										
Neglect Dependent	0				1										
Resisting Arrest	14	13	13	2	7										
Criminal Recklessness	1	3	0	2	1										
Invasion of Privacy	1	2	0		0										
Indecent Exposure	0	3	1	1	1										
Perjury	0		1		0										
Pointing Firearm	0		1		1										
Sexual Assault/Battery	0		1	1	0										
Stalking	0				1										
Rape	0	1	0		0										
ATOD						ATOD	ATOD	ATOD	ATOD	ATOD	ATOD	ATOD	ATOD	ATOD	
Illegal Consumption	53	44	49	26	33	98	22%	88	18%	114	24%	85	20%	71	15%
Illegal Transport Alc	0		1		0										
Poss./Illeg. Alcohol	2	0	0	4	1										
Drugs	3	1	7		0										
Drug Dealing	1	0	6	5	1										
Poss. Cocaine	0				1										
Poss. Controlled Subs	0			7	1										
Poss. Schedule Drug	9	8	4	3	7										
Poss. Paraphernalia	7	2	13	6	1										
Poss Marijuana	23	15	23	21	17										
Poss. Methamphet.	0			1	1										
Poss. Precursors	0			1	0										
Operating While Intox.	0	17	9	8	8										
Public Intoxication	0	1	1	0	0										
Visit Common Nuisance	0		1	3	0										
STATUS OFFENSES						OTHER	OTHER	OTHER	OTHER	OTHER	OTHER	OTHER	OTHER	OTHER	
Curfew	5	3	12			116	26%	133	28%	128	27%	128	31%	181	39%
Incorrigible	14	19	12	6	10										
Runaway	61	77	56	49	44										
Truancy	9	25	24	38	74										
Violate Home Deten.	1	1	0												
Violate Probation	0				1										
Incident Report	18	0	0												
Unlisted	7	0	0												
No Charge	1	8	24	35	52										
TOTAL	450	479	471	419	466	450	100%	479	100%	471	100%	419	100%	466	100%

**Objectives:**

- Alcohol, tobacco, marijuana, prescription drug, methamphetamine, inhalant media campaigns focusing on increased perceived risk, decreased perceived approval will be created by PRIDE groups, presented to grades 3-12.
- Got Kids media campaign will be created and disseminated to parents through school newsletters, menus, bar napkins, radio, cable TV and newspaper media.
- Sticker Shock retail campaign will be implemented by Communities Mobilizing for Change in Alcohol Use project staff and volunteers in cooperation with alcohol retailers.
- Alternative Activities database disseminated to community, posted on website, promoted as Safe and Drug-Free Activities List.
- Initiation of Epals virtual mentor program between PRIDE students and 5<sup>th</sup> grade students that encourages 5<sup>th</sup> graders to get involved in safe, drug-free activities.
- Orange Ribbon underage drinking awareness campaign will be implemented by CMCA and PRIDE, including an email blitz, mile of orange ribbon fundraiser, Prom Promise contest to increase perception of risk, a parent mailing, letters to the editor and media pieces focusing on the consequences of serving alcohol to minors and making sure parties are supervised.
- Parents@work email campaign will be disseminated to all industry human resources managers, focusing on the impact of parent modeling, supervising youth and being involved in family activities.
- Security Dads intensive supervision program will be implemented as a collaborative project of the Safe Schools/Healthy Students Initiative, school corporations and community agencies.
- Have Dinner with your Family Day campaign will be implemented with parents as the target audience each September through multiple media.
- Red Ribbon Campaign will be implemented with all community sectors as the target audience each October through multiple media to increase awareness of the risk factors of substance abuse and evidence-based strategies to prevent substance abuse.
- Continue to support Alternative Activity programs that have a substance-abuse prevention message: PRIDE, Just Say No, STAND, VOICE, Summer Theatre, Academic Angels.



**Year 1 Update:**

- Alcohol, tobacco, marijuana, methamphetamine, media campaigns focusing on increased perceived risk, decreased perceived approval were created by PRIDE groups, presented to grades 3-12 and community through poster blitz, radio PSA's and community presentations
- Got Kids media campaign did not materialize.
- Sticker Shock retail campaign was implemented by Communities Mobilizing for Change in Alcohol Use project staff and PRIDE youth and adult volunteers in cooperation with 5 alcohol retailers.
- Alternative Activities database is still in process
- Initiation of Epals virtual mentor program was eliminated from project action plans because of school administrator concern about electronic communication between youth. This has been replaced by "Fun Days" organized at 2 elementary schools so far by PRIDE.
- Orange Ribbon underage drinking awareness campaign was implemented by CMCA and PRIDE, included, mile of orange ribbon fundraiser that raised \$684 worth of quarters, Prom Promise contest in all three high schools, with 120 youth participating, a parent mailing to all parents in North, Crawfordsville and South, a daily feature story the entire kickoff week of the Orange Ribbon campaign.
- Parents@work email campaign has been disseminated monthly to 39 industries.
- Security Dads intensive supervision program was eliminated from the AHEAD/Safe Schools partnership.
- Have Dinner with your Family Day campaign was implemented community-wide, with 8 restaurants, two newspapers and all school corporations participating
- Red Ribbon Campaign was implemented with all community sectors "Take Care of Yourself, Take Care of Each Other" campaign blitz to raise awareness of ATOD issues, activities to be determined by coalition planning team. Outcomes included 8 page newspaper insert (19,000 circulation), 5 feature stories in newspaper, poster and essay contest in all elementary and middle schools, radio PSA's and community focus, coalition newsletter, fliers to all school students, Community Leaders' breakfast (60) and first-annual Community Learning Day (30), 1400 t-shirts distributed to all school personnel and youth serving agencies, 4 PRIDE performances at elementary schools.
- Coalition continued to support Alternative Activity programs that have a substance-abuse prevention message: PRIDE, Just Say No, STAND, VOICE, Summer Theatre, Academic Angels through mini-grants.

**Year 2 Update:**

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**Final Update:**

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**Goals:**

- Parental attitudes about risk factors of substance use are increased by 2% per year as measured by annual random workplace survey
- Decrease in parental involvement in problem behavior by 2% per year as measured by Montgomery County Drug & Alcohol Offenses
- Decrease in youth participating in unsupervised activities by 2% per year as measured by annual IPRC Survey
- Increase in family activities by 2% per year as measured by IPRC Survey
- Increased perceived risk of selected substances by 2% per year as measured by IPRC Survey
- Decreased perceived peer approval of selected substances by 2% per year as measured by IPRC Survey
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**Year 1 Annual Benchmarks:**

- Workplace survey will be done bi-annually. Not done this year.
- Parental involvement in ATOD behavior has decreased by 10% (917 offenses in 2005 compared to 1023 offenses in 2004)
- Data on youth participating in unsupervised activities will be reported from 2006 IPRC Survey
- Data on increase in family activities will be reported from 2006 IPRC survey.
- Perceived risk has decreased in all areas reported.
- Perceived peer approval has increased in all areas reported.

**Year 2 Annual Benchmarks:**

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**Final Report:**

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**Problem Statement #6: Lack of awareness of and participation in culturally-sensitive evidence-based programs.**

**Supportive Data:**

- Participation in evidence-based programs is decreasing – Positive Steps Family Skills program has decreased enrollment by 50% this year, although Probation parents and school parents continually claim they can't "control" their kids.
- Overall prevention programming in schools is decreasing because funding agencies are insisting on funding "evidence-based programs", and schools are not identifying programs that fit this requirement. Only 4 NREPP programs are currently in use.
- There are currently no prevention programs available for non-English speaking community members

**Year 1 Update:**

- Positive Steps Family Skills Program has been eliminated.
- Prevention programming in schools continues to decline. No evidence-based programs are being implemented with fidelity in the schools presently.
- There have been no reported prevention programs available for non-English speaking community members.
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**Year 2 Update:**

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**Final Update:**

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**Objectives:**

- Provide Strategic Prevention Framework training in small bites to community sectors through media campaign and workgroups.
- Provide Grantwriting and Creating Community Wealth training and mini-grant opportunities so that community agencies can locate funding for programs
- Provide marketing training for community groups
- Increase collaborative marketing of existing evidence-based programs such as Women for Sobriety, Thinking for Change, Positive Steps, Love & Limits, Life Skills, Smoke Stoppers

- Facilitate increased adoption of programs and strategies that have been indicated by the National Registry of Effective Programs
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**Year 1 Update:**

- Strategic Prevention Framework Training has been presented to 10 organizations through Mini-Grant training, three newspaper columns have focused on SPF, and all 3 task forces and 1 workgroup have been trained in using SPF to develop action plans for their initiatives.
- Grantwriting resources have been shared with 10 organizations in training, 11 grant opportunities have been shared with partner organizations, mini-grants were provided in 2005 for 9 organizations.
- Marketing training has not been done yet.
- Women for Sobriety has been implemented, marketed in monthly newsletter, Smokestoppers has been marketed by multiple sectors.
- Work is being done in 2006 by School Drug Prevention Collaborative Workgroup to identify and implement NREPP/CSAP-recommended evidence-based programs at the elementary and middle school levels.

**Year 2 Update:**

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**Final Update:**

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**Goals:**

- Community efforts to promote and deliver effective substance abuse prevention strategies will be enhanced as evidenced through a 10% annual increase in the use of evidence-based programs in both schools and community organizations.
- Youth substance use will decrease 2% annually.

**Year 1 Annual Benchmarks:**

- Collaboration with Safe Schools/Healthy Students has resulted in pilot implementation of 3 evidence-based programs/Strategies: Communities Mobilizing for Change in Alcohol Use, CSAP Too Smart to Start (middle schools); Mendez Foundation Too Good for Drugs (Southmont); Keep a Clear Mind (Crawfordsville).
- Youth Substance Use is not decreasing across the board, as evidenced by Substance Use Prevalence chart included in Appendix.
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**Year 2 Annual Benchmarks:**

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**Final Report:**

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**Problem Statement #7: Youth must have opportunity to learn leadership, advocacy and peer mentoring skills**

**Supportive Data:**

- Youth focus groups have uncovered desire for active role in prevention. 45 youth participated in a series of focus groups in 2003 in which they requested training events in drug education, alternative activities planning, community outreach, community service, media literacy and advocacy.
- Peer prevention program participation has declined from 4 active groups to 1 active (from 60 to 48 members), 1 with intermittent participation, 1 with a membership list but no activity, and 1 inactive.

**Year 1 Update:**

- Focus group data from 68 youth in 2005 showed evidence of youth participating in drug education, alternative activities planning, community outreach and community service
- Peer prevention program participation (PRIDE) has increased participation from 60 to 88 in 2005, with youth from all county schools participating.
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**Year 2 Update:**

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**Final Update:**

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**Objectives:**

- Creation of PRIDE Peer Prevention Network, 3 county school teams of 30+ that convene for training and countywide events, yet work within their schools to implement social marketing and education programs. PRIDE activities will include drug education, alternative activities planning, community outreach, community service, media literacy and advocacy.
- Maintenance and expansion of VOICE local anti-tobacco movement to involve schools and community organizations in campaign events and initiatives.
- Invitation to PRIDE and VOICE to have youth representatives serve as youth prevention leaders on a countywide youth council.
- Maintain VOICE regional capacity-building hub to provide training on guerilla marketing, media advocacy, literacy, and sustainability.

- Recruit high school students from each school to apply to serve on the Point of Youth Council so they can bring statewide initiatives back to the local community.
- Encourage high school and middle school adult allies to recruit youth to participate in the annual Youth Summit, so students can bring statewide initiatives back to the local community.

**Year 1 Update:**

- PRIDE Peer Prevention Network is comprised of 1 countywide team (at youth request) with 88 youth participating on a weekly basis from the three county schools.
- VOICE anti-tobacco movement involves 12 teens from three county schools and 6 college trainers from Wabash College, meeting bi-weekly to plan and implement tobacco industry countermarketing activities.
- Twenty-one youth participate on a monthly basis as youth prevention leaders on a countywide youth council that works cooperatively with AHEAD board of directors.
- VOICE regional capacity-building hub is maintained, includes VOICE groups from 12 counties in West Central Indiana, has completed three capacity-building events, one on media literacy, one on sustainability, one on media-blitzing and event planning.
- No youth have been appointed to serve on Point of Youth Council in 2005.
- One youth participated in Youth Summit in 2005.

**Year 2 Update:**

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**Final Update:**

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**Goals:**

- Increased participation by youth in local drug prevention efforts, from 71 to 90 in 2005-06.

**Year 1 Annual Benchmarks:**

- Participation by youth in local drug prevention efforts has increased from 71 to 106 (88 in PRIDE, 18 in VOICE).
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**Year 2 Annual Benchmarks:**

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**Final Report:**

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**Problem Statement #8: Individuals are not being screened, assessed, identified and referred to receive early intervention mental health treatment needed to prevent substance-use disorders, and those who successfully enter recovery lack the supports needed to stay drug-free.**

**Supportive Data:**

- According to the Indiana Division of Mental Health and Addiction 2004 Hoosier Assurance Program (HAP) participation database:
  - 383 adults and children are suffering from chronic addiction
  - 534 adults suffer from serious mental illness, a strong risk factor for substance abuse
  - 364 youth suffer from serious emotional disturbance, again a strong risk factor for substance abuse
  - 46 adults and youth have been diagnosed with co-occurring disorders
- According to the reported 30-day substance abuse rates from the Indiana Prevention Resource Center Use Prevalence surveys, out of 6515 public school students,
  - 563 students in grades 6-12 used alcohol in the past 30 days
  - 650 students in grades 6-12 used tobacco in the past 30 days
  - 271 students in grades 6-12 used marijuana in the past 30 days
  - 102 students in grades 6-12 used prescription drugs in the past 30 days
- Therefore, if only half of the HAP participants are children, 192 are being served with mental health services for addiction, less than half of those who are regularly using drugs.
- According to the 2003 MRI Report, 30.36% or 5616 of Montgomery County adults smoke, but only 64 adults participated in Smokestoppers and 44 adults quit smoking.
- NEW: Members of the Recovery Community, those currently in treatment or aftercare programs and are participating in Coalition task forces have reported that the biggest challenge to those in recovery is the lack of a structured recovery community that provides the following:
  - family-friendly, drug-free alternative activities,
  - accessible, structured, effective 12-step and self-help programs
  - transportation to programs and activities
  - childcare and support for those participating in programs and activities

**Year 1 Update:**

- Indiana Division of Mental Health and Addiction 2004 Hoosier Assurance Program (HAP) participation database information for 2005 is not yet available. This data and its relation to Montgomery County youth and adult substance use will be reported in the next update.
- According to the 2004 Behavioral Risk Factor Surveillance Survey, 33.8% of West Central Indiana Adults or 8365 of Montgomery County adults smoke, but only 84 adults participated in Smokestoppers and 50 adults quit smoking.
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**Year 2 Update:**

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**Final Update:**

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**Objectives:**

- Educate community about mental health issues related to substance use disorders through newspaper, radio and website
- Maintain updated mental health treatment availability information and disseminate it electronically to schools, social service agencies and community organizations quarterly.
- Continue support and promotion of Trinity Mission RAPHA program, SON Jail Outreach, Women for Sobriety, and AA/NA 12-step self-help programs.
- Coalition participation in planning and implementation of systems change related to early screening and referral to mental health services being provided in schools and community.
- Disseminate problem identification and referral information to parents through parents@work program, faith organizations through Faith Community Prevention Network
- Continue to provide Smokestoppers and TAP/TEG tobacco cessation programs, disseminating program schedule to doctors' offices, social service organizations and schools.
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**Year 1 Update:**

- NEW: Support continued indigent drug and alcohol screening program through Probation Department.
- NEW: Support continued juvenile drug screening through Probation Department, a program available to any family suspecting youth drug use, and promote the concept of youth drug testing as not only a drug use deterrent, but a refusal tool youth can use in peer pressure situations.
- NEW: Facilitate the creation of a strategic plan and community support of a peer-to-peer ATOD recovery network.
- Substance abuse treatment and recovery issues have been highlighted during Recovery Month in a 5-session Lunch & Learn series, 8 newspaper columns, monthly newsletter and a 30-minute radio program.
- Mental health treatment availability information has been updated quarterly and disseminated it upon request to social service agencies and community organizations.
- Trinity Mission RAPHA program received a mini-grant in 2004 which was implemented in 2005 when Trinity opened, SON Jail Outreach has been developed and will be implemented with a mini-grant in 2006, Women for Sobriety has established a meeting schedule and has met for the past 6 months, with an average attendance of 12, and a men's group is starting in 2006.
- Coalition members have participated in planning and implementing systems change related to early screening and referral to mental health services being provided in schools through the Safe Schools/Healthy Student Initiative.
- Problem identification and referral information has been disseminated to parents through parents@work program and by request.
- Smokestoppers and TAP/TEG tobacco cessation programs, have been presented monthly, and program schedule has been disseminated to doctors' offices, social service organizations and schools.
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**Year 2 Update:**

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**Final Update:**

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**Goals:**

- 5% annual increase in access to mental health treatment related to substance abuse as measured by participation in Hoosier Assurance Program statistics

- 10% annual increased participation in Smokestoppers
- NEW: Development of a peer-to-peer Recovery Community framework with participation in development by 20 individuals in recovery.
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**Year 1 Annual Benchmarks:**

- HAP statistics will be shared in next plan update.
- 31% increase in Smokestoppers participation in 2005
- Seven individuals in recovery are currently participating in the planning and development of Recovery Community framework.
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**Year 2 Annual Benchmarks:**

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**Final Report:**

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*Please attach the County's Fiscal Report for review!*

**Next Annual Update Due:** **March 1, 2007**

**Next Comprehensive Community Plan Due:**

**Date of Community Consultant Review:**

**Disclaimer:**

You agree that the information provided within this Plan is subject to the following Terms and Conditions. These Terms and Conditions may be modified at any time and from time to time; the date of the most recent changes or revisions will be established by the Commission and sent electronically to all Local Coordinating Councils.

**Terms and Conditions:**

The information and data provided is presented as factual and accurate. I hereby acknowledge that I can be asked to submit proper documentation regarding the data submitted within the Plan. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

The Local Drug Free Communities Fund must be spent according to the goals identified within the plan. I hereby acknowledge that I can be asked to submit proper documentation regarding funds that are collected, allocated, and disbursed within the county. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

**Initials: KAT**

## **Local Drug Free Communities Fund Information**

### **Amount Deposited into the Drug Free Communities Fund during 2005**

\$ 48687.51 2005 Deposits

\$ 35660.53 2005 Carryover

\$ 35398.00 2005 Paid Out

Current Available Balance 2/21/06: \$ 48,950.04 2006 Available

### **Fund Allocation By Category**

Please see spreadsheet on following page

**2006 Montgomery County Local Drug Free Fund Offender Fee Recommendations**

Status	Request	Organization	Project Description	
CRIMINAL JUSTICE/LAW ENFORCEMENT				
	\$ 2,000.00	Montgomery Co. Police Department	Drug K-9 costs for food, veterinary bills for 2 dogs	
	\$ 3,700.00	Indiana State Police	6 Digital Scanners for ISP road officers for interagency communication	
	\$ 4,050.00	Montgomery Co. Probation	Comprehensive Indigent Jail ATOD Assessments for 50 clients @ \$81	
	\$ 1,900.00	Montgomery Co. Probation	Juvenile Drug Screens for 300 juvenile probation clients @ \$6	
	\$ 690.00	AHEAD Coalition, Inc.	Social Marketing posters, fliers, 20/month to jail and Probation	
	Total Crim. Just.	\$ 12,340.00	% Of Total Allocation	25.209%
PREVENTION/EDUCATION				
	\$ 2,000.00	North Montgomery School Corp	Just Say No Rally T-shirts, 600 shirts @ \$3.33, youth pay \$3.00	
	\$ 2,200.00	AHEAD Coalition, Inc.	Red Ribbon Week Breakfast 60 x \$10, ribbons \$700, posters \$400, t-shirts \$500	
	\$ 4,600.00	AHEAD Coalition, Inc.	Crawfordsville Area PRIDE travel to world conference in Washington, DC, 40 x \$115	
	\$ 1,404.00	Crawfordsville Park & Recreation	Fit Kids Afterschool Program snacks, transportation, aquatic center for 60 youth	
	\$ 1,100.00	Crawfordsville Police Department	Every 15 Minutes Crawfordsville supplies, evening banquet for 200 participants	
	\$ 800.00	CPD & MCPD Allocation	DARE Program Materials for police departments, \$2.50 per book x 320 books	
	Total Prev./Ed.	\$ 12,104.00	% Of Total Allocation	24.727%
INTERVENTION/TREATMENT				
	\$ 2,000.00	AHEAD Coalition, Inc.	Facilities, equipment, marketing fliers for smokestoppers program, ATOD referral d-base	
			Including smokestoppers packets, posters, computer software, postage, copies	
	\$ 5,000.00	Trinity Mission	12-step workbooks and materials for Born Again Residential Treatment Program n=24	
	\$ 1,116.00	Trinity Mission	12-step workbooks and materials for Jail Work-Release ATOD treatment program n=18	
	\$ 2,000.00	AHEAD Coalition, Inc.	Manage Treatment Database -- Wages for intern to research treatment opportunities and	
			keep treatment and intervention program database current. \$7.50/hour x 266 hours	
	\$ 2,000.00	Allocation for special projects	Recovery Community projects -- this is a national movement to create opportunities for	
			people recovering from addiction to learn and grow together. Mini-grant program will be	
			used to disburse this money later in the project year.	
	Total Int./Treat.	\$ 12,116.00	% Of Total Allocation	24.752%
ADMINISTRATION				
	\$ 12,390.00	AHEAD Coalition, Inc.	Coordinator 25% Salary & Ben.	
	Total Admin.	\$ 12,390.00	% Of Total Allocation	25.312%
TOTAL RECOMMENDED ALLOCATIONS			\$ 48,950.00	Total Percentage 100.000%

**Additional Intervention/Treatment Request:** New Journey Counseling -- \$5000 for Juvenile Alcohol/Drug Screening – Not funded due to issues of duplication of services, insufficient evaluation plan, unclear collaboration design.

## **Grant Process and Requirements for Grantees**

1. All potential applicants are required to attend a 2-hour “Strategic Prevention Framework” mini-grant training in order to submit an application. Applications will not be accepted from organizations that have not attended this training. The training includes the following concepts:
  - History of the LCC and the origin of the Local Drug Free Communities Fund
  - The importance of identifying data-driven needs in creating evidence-based programs.
  - Community gaps analysis
  - Ways to build the capacity of organizations as part of comprehensive community drug prevention efforts
  - Building a logic model based on quantitative needs assessment data
  - Establishing S.M.A.R.T. goals and effective action plans
  - Data-driven evaluation
2. Applicants are required to complete and submit an application package on or before December 31 in hard copy to the A.H.E.A.D. Coalition office that includes the following documents:
  - Cover page that includes agency information, target audience
  - Project Budget
  - 100-word narrative
  - Strategic Prevention Framework 5-step worksheet
  - Gaps Analysis Grid
  - Logic Model
  - Action Plan that includes evaluation benchmarks
3. Applications are reviewed by a 5-member panel of Coalition members that comprise the Sustainability Committee. The panel completes an evaluation form on each application that scores the level at which the application is complete, realistic, appropriate for one of the three established categories and fills a prevention/intervention/criminal justice gap based on needs assessment data (to prevent duplication of services). Applications are then ranked by score in each category. Requested funding amounts are then assessed in relation to available Local Drug Free Communities funds and recommendations for levels of funding are made by the Sustainability Committee to the Coalition, which votes to approve or amend the recommendation.
4. Recommended projects are combined with other prevention/intervention/criminal justice programs and strategies in the Comprehensive Community Plan, which is submitted to the Indiana Criminal Justice Institute and Montgomery County Board of Commissioners for review and approval in March.
5. The Executive Director and/or a Board Member present the recommended funding allocation to the Montgomery County Council for review and approval.
6. Organizations which receive approval on their applications are sent an award letter and subrecipient agreement, which when returned signed by the organization, is attached to



the claim to be paid from the Montgomery County Auditor's office. The award letter and agreement delineate the requirements of the subrecipient:

- An organization representative must attend 3 Coalition Meetings
- An organization representative must attend the Red Ribbon Breakfast
- An organization representative must present a program progress report before the end of the project period (1 year)
- The organization must submit an Evaluation Report at the end of the project period.
- The organization must submit a report of expenditures at the end of the project period

7. In January/February of the following year, an Evaluation Report is sent to funded organizations. The report requests follow-up data from the same source(s) cited in the applicant's needs assessment. The Evaluation Report and a report of expenditures are due to the A.H.E.A.D. Coalition office 60 days after the end of the project period.
8. Evaluation Report data is combined with coalition progress in the Comprehensive Plan Update the following year, as well as the Coalition Annual Report.
9. All forms are retained by the A.H.E.A.D. Coalition in project files for 7 years.